


<div>Form 990 </div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</div> <div>▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990</div>		<div>OMB No 1545-0047</div> <div>2014</div> <div>Open to Public Inspection</div>	
A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015					
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<div>C Name of organization BEST FRIENDS ANIMAL SOCIETY</div> <div>Doing business as</div> <div>Number and street (or P O box if mail is not delivered to street address) Room/suite 5001 ANGEL CANYON ROAD</div> <div>City or town, state or province, country, and ZIP or foreign postal code KANAB, UT 84741</div>		<div>D Employer identification number 23-7147797</div> <div>E Telephone number (435) 644-2001</div> <div>G Gross receipts \$ 96,503,676</div>	

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO BRING ABOUT A TIME WHEN THERE ARE NO MORE HOMELESS PETS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	779
6 Total number of volunteers (estimate if necessary)	6	12,900	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	290,047	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	37,411	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	51,031,351	85,484,292
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,960,159	3,325,318
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	621,857	1,140,700
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,828,114	1,556,136
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	56,441,481	91,506,446
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,110,646	6,438,004
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	24,525,039	36,499,132
	16b Total fundraising expenses (Part IX, column (D), line 25) 13,612,301	584,398	479,218
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,188,267	34,028,187
	19 Revenue less expenses Subtract line 18 from line 12	52,408,350	77,444,541
Net Assets or Fund Balances		4,033,131	14,061,905
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	81,423,064	94,111,893
	22 Net assets or fund balances Subtract line 21 from line 20	12,725,565	14,915,529
		68,697,499	79,196,364

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge					
Sign Here	***** Signature of officer				2017-03-23 Date
	PAUL ALTHERR CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DAVID SPERRY	Preparer's signature DAVID SPERRY	Date	Check <input type="checkbox"/> if self-employed	PTIN P00176382
	Firm's name ▶ TANNER LLC Firm's address ▶ 36 S STATE STREET SUITE 600 SALT LAKE CITY, UT 84111			Firm's EIN ▶ 20-2253063 Phone no (801) 532-7444	

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

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1

Briefly describe the organization's mission

TO BRING ABOUT A TIME WHEN THERE ARE NO MORE HOMELESS PETS WE DO THIS BY DEMONSTRATING AND PROMOTING EXEMPLARY ANIMAL CARE AND BUILDING COMMUNITY PROGRAMS AND PARTNERSHIPS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code) (Expenses \$ 18,072,916 including grants of \$ 69,585) (Revenue \$ 426,936)

ANIMAL CARE ACTIVITIES (SANCTUARY) - SEE SCHEDULE O

4b

(Code) (Expenses \$ 39,252,453 including grants of \$ 6,368,419) (Revenue \$ 2,277,933)

INITIATIVES, PROGRAM CITIES, EMERGENCY RESPONSE, NETWORK PARTNERS AND OTHER NATIONAL OUTREACH - SEE SCHEDULE O

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)
















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 57,325,369


















Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> 	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> 	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> 	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> 	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> 	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	224	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	779
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country: <u>VI, CJ</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

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Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AR, CA, CT, DC, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, VA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	PAUL E ALTHERR CFO

5001 ANGEL CANYON ROAD

KANAB,UT 84741 (435)644-2001

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGORY CASTLE CEO, BOARD MEMBER	40 00	X		X				202,428	0	12,141
(2) FRANCIS BATTISTA CHAIR OF BOARD	40 00	X						115,381	0	12,412
(3) LYNN FLANDERS BOARD TREASURER	1 00	X						0	0	0
(4) ANNE MEJIA BOARD SECRETARY	40 00	X						94,172	0	12,141
(5) CYRUS MEJIA BOARD MEMBER	40 00	X						55,983	0	12,141
(6) MOLLY JORDAN-KOCH BOARD MEMBER	1 00	X						0	0	0
(7) KRAIG BUTRUM BOARD MEMBER	1 00	X						0	0	0
(8) ABIGAIL L JONES BOARD MEMBER	1 00	X						0	0	0
(9) TIMY SULLIVAN BOARD MEMBER	1 00	X						0	0	0
(10) PAUL ALTHERR CPO	40 00			X				180,981	0	2,619
(11) VIRGINIA KILMER CFO	40 00			X				230,160	0	5,141
(12) JULIANNE CASTLE CMO	40 00			X				166,481	0	12,412
(13) ANGELA L EMBREE CIO	40 00			X				161,194	0	4,059
(14) SUSAN M CITRO CHIEF DIGITAL OFFICER	40 00			X				0	0	0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KARIN A BEAUCLAIR CRM MANAGER	40 00					X		105,364	0	763
(16) BARBARA J CAMICK DIRECTOR OF DIRECT RESPONSE	40 00					X		110,277	0	9,328
(17) VICTORIA KILMER HIGHLY COMPENSATED EMPLOYEE	40 00					X		100,900	0	11,075
(18) GRETA L PALMER HIGHLY COMPENSATED EMPLOYEE	40 00					X		105,670	0	9,941
(19) MARC A PERALTA EXECUTIVE DIRECTOR	40 00					X		132,829	0	5,141

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,761,820	0	109,314

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶11			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address		(B) Description of services	(C) Compensation
NEWPORT CREATIVE COMMUNICATIONS INC 33 RAILROAD AVE DUXBURY, MA 02332		CONSULTING / PRINTING	7,438,710
WALSWORTH PUBLISHING CO PO BOX 310287 DES MOINES, IA 503310287		PRINTING	1,122,454
MAXWELL CONSTRUCTION INC PO BOX 129 GLENDALE, UT 84729		CONSTRUCTION	897,224
SOCIAL CAPITAL INC 980 N MICHIGAN AVE SUITE 1610 CHICAGO, IL 60611		CONSULTING	766,726
PATH INTERACTIVE INC 915 BROADWAY 501 NEW YORK, NY 10010		DIGITAL MARKETING	484,510
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		18

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	85,484,292			
	g	Noncash contributions included in lines 1a-1f \$		5,450,079			
	h	Total. Add lines 1a-1f			85,484,292		
Program Service Revenue	2a	PROGRAM EVENTS	Business Code				
			900099	2,416,419	2,416,419		
	b	CLINIC REVENUE	541900	908,899	908,899		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			3,325,318		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,112,689	1,112,689		
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties		1,533	1,533		
	6a	(i) Real					
		452,496					
		0					
		452,496					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		452,496	361,459		91,037
	7a	(i) Securities					
		4,563,481					
		33,951					
		4,560,144					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		28,011	28,011		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19					
	a						
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities . . .					
10a	Gross sales of inventory, less returns and allowances						
a	1,110,516						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .		682,707	599,912	82,795		
	Miscellaneous Revenue		Business Code				
11a	MAGAZINE ADVERTISING		541800	207,252		207,252	
b	CAFETERIA		722210	167,261	167,261		
c	ANGELS REST		812900	43,115	43,115		
d	All other revenue			1,772	1,772		
e	Total. Add lines 11a-11d			419,400			
12	Total revenue. See Instructions			91,506,446	5,641,070	290,047	91,037

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,086,735	6,086,735		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	299,320	299,320		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	51,949	51,949		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,187,213	600,552	413,318	173,343
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	27,475,678	21,601,967	2,308,271	3,565,440
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	893,741	660,770	93,387	139,584
9 Other employee benefits	4,663,670	3,141,911	1,108,043	413,716
10 Payroll taxes	2,278,830	1,782,633	209,926	286,271
11 Fees for services (non-employees)				
a Management				
b Legal	329,223	113,465	159,908	55,850
c Accounting	112,215		111,215	1,000
d Lobbying	167,460	157,460	10,000	
e Professional fundraising services. See Part IV, line 17	479,218			479,218
f Investment management fees	203,506		63,469	140,037
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,506,753	2,089,697	474,412	942,644
12 Advertising and promotion	4,660,366	3,945,141	126,285	588,940
13 Office expenses	8,541,317	2,219,193	432,552	5,889,572
14 Information technology	739,488	70,957	484,152	184,379
15 Royalties				
16 Occupancy	1,812,838	1,718,410	86,680	7,748
17 Travel	1,823,855	1,336,438	110,072	377,345
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,909,172	1,812,461	447	96,264
20 Interest	21,858	10,696	11,084	78
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,736,052	1,699,968	18,579	17,505
23 Insurance	248,581	117,989	130,592	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ANIMAL CARE SUPPLIES	7,339,560	7,177,185	64,850	97,525
b MISCELLANEOUS	331,126	218,190	75,464	37,472
c VOLUNTEER APPRECIATION	285,321	200,868	7,472	76,981
d ANGELS REST/CAFETERIA C	170,028	168,642	247	1,139
e All other expenses	89,468	42,772	6,446	40,250
25 Total functional expenses. Add lines 1 through 24e	77,444,541	57,325,369	6,506,871	13,612,301
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,236,160	1	2,681,130
	2	Savings and temporary cash investments		5,656,918	2	5,568,397
	3	Pledges and grants receivable, net		1,782,973	3	2,701,437
	4	Accounts receivable, net		12,470,793	4	14,353,530
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		597,548	8	482,411
	9	Prepaid expenses and deferred charges		318,171	9	1,162,623
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 40,759,823			
	b	Less: accumulated depreciation	10b 15,050,893	24,402,051	10c	25,708,930
	11	Investments—publicly traded securities		24,867,968	11	31,549,021
	12	Investments—other securities. See Part IV, line 11		8,577,012	12	8,489,484
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,513,470	15	1,414,930
	16	Total assets. Add lines 1 through 15 (must equal line 34)		81,423,064	16	94,111,893
Liabilities	17	Accounts payable and accrued expenses		9,782,891	17	8,644,529
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	3,136,695
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		2,942,674	25	3,134,305
	26	Total liabilities. Add lines 17 through 25		12,725,565	26	14,915,529
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		51,964,787	27	55,697,746
	28	Temporarily restricted net assets		11,035,159	28	10,567,214
	29	Permanently restricted net assets		5,697,553	29	12,931,404
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		68,697,499	33	79,196,364
	34	Total liabilities and net assets/fund balances		81,423,064	34	94,111,893

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	91,506,446
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,444,541
3	Revenue less expenses Subtract line 2 from line 1	3	14,061,905
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,697,499
5	Net unrealized gains (losses) on investments	5	-2,412,931
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,150,109
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	79,196,364

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

TY 2014 Reasonable Cause Explanation**Name:** BEST FRIENDS ANIMAL SOCIETY**EIN:** 23-7147797

Explanation: THIS STATEMENT IS BEING INCLUDED WITH THE ORGANIZATION'S ELECTRONICALLY FILED FORM 990 TO ESTABLISH REASONABLE CAUSE AND EXPLAIN WHY THE RETURN IS BEING ELECTRONICALLY FILED LATE. THE ORGANIZATION ORIGINALLY SUBMITTED ITS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015 BY THE EXTENDED DUE DATE OF AUGUST 15, 2016. HOWEVER, THAT SUBMISSION WAS A PAPER FILING. THE RETURN FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2015 NEEDS TO BE SUBMITTED ON 2014 FORMS. THE ORGANIZATION HAD PREVIOUSLY FILED A SHORT PERIOD RETURN ON 2014 FORMS FOR THE PERIOD JANUARY 1, 2014 THROUGH SEPTEMBER 30, 2014, DUE TO A CHANGE IN THE ORGANIZATION'S YEAR END. AT THE TIME THE ORGANIZATION'S THIRD PARTY RETURN PREPARER WAS WORKING ON THE SECOND 2014 RETURN FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2015, THEY WERE UNABLE TO GET THEIR SOFTWARE TO ACCEPT A SECOND 2014 FILING. THIS PROBLEM HAS NOW BEEN ADDRESSED BY THE SOFTWARE PROVIDER, SO THE ORGANIZATION IS SUBMITTING ITS RETURN ELECTRONICALLY, IN ORDER TO SATISFY THE REQUIREMENT THAT THEY E-FILE THEIR FORM 990. SINCE THIS WAS AN EXTRAORDINARY EVENT, WITH TWO FILINGS NEEDING TO BE SUBMITTED ON 2014 FORMS, THE ORGANIZATION WOULD RESPECTFULLY REQUEST THAT THIS SUBMISSION BE ACCEPTED AS TIMELY FILED AND THAT NO PENALTIES BE ASSESSED, AS THE ORGANIZATION ORIGINALLY MADE THE EFFORT TO COMPLY BY FILING A PAPER RETURN FOR THE PERIOD ENDING SEPTEMBER 30, 2015. STARTING WITH THE 2015 RETURN, FOR THE PERIOD ENDING SEPTEMBER 30, 2016, THE ORGANIZATION WILL BE BACK ON A REGULAR SCHEDULE OF BEING ABLE TO FILE ELECTRONICALLY. PART (20) 122 OF THE CONSOLIDATED PENALTY HANDBOOK OF THE INTERNAL REVENUE MANUAL OUTLINES THE PHILOSOPHY OF THE INTERNAL REVENUE SERVICE WITH RESPECT TO THE ASSERTION OF A PENALTY. "THE FUNDAMENTAL REASON FOR HAVING PENALTIES IS TO SUPPORT AND ENCOURAGE VOLUNTARY COMPLIANCE. OTHER RESULTS MAY ARISE, SUCH AS BRINGING ADDITIONAL REVENUES INTO THE TREASURY, IMPOSING MONETARY CHARGES AGAINST TAXPAYERS, AND, TO A CERTAIN EXTENT, GETTING REIMBURSED FOR ENFORCEMENT COSTS. HOWEVER, THESE OTHER RESULTS SHOULD NOT BE THE BASIS FOR CREATING OR IMPOSING A PENALTY." INTERNAL REVENUE POLICY STATEMENT P-1-18 IS CONSISTENT WITH PART (20) 122 OF THE CONSOLIDATED PENALTY HANDBOOK IN STATING, "PENALTIES SUPPORT THE SERVICE'S MISSION ONLY IF PENALTIES ENHANCE VOLUNTARY COMPLIANCE." SINCE THE FORM 990 IS BY NATURE AN INFORMATIONAL RETURN AND THE ORGANIZATION HAD TIMELY FILED ITS FORM 990-T AND PAID THE ASSOCIATED TAX, NEITHER TREASURY NOR THE INTERNAL REVENUE SERVICE WOULD HAVE BEEN ANY BETTER OFF HAD THEY RECEIVED THE ORIGINAL FILING OF THE FORM 990 ELECTRONICALLY. THE INABILITY OF THE ORGANIZATION TO ELECTRONICALLY FILE WAS DUE TO AN EXTRAORDINARY CIRCUMSTANCE OF THEIR PAID PREPARER AND NOT DUE TO WILLFUL NEGLECT.

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

☐

Enter the number of supported organizations _____

g

☐

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	46,065,283	60,631,180	61,835,173	52,613,136	86,619,224	307,763,996
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	46,065,283	60,631,180	61,835,173	52,613,136	86,619,224	307,763,996
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,247,244
6 Public support. Subtract line 5 from line 4						305,516,752

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	46,065,283	60,631,180	61,835,173	52,613,136	86,619,224	307,763,996
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	768,207	663,841	778,827	451,437	1,208,596	3,870,908
9 Net income from unrelated business activities, whether or not the business is regularly carried on	218,326	152,692	66,217	33,591	38,411	509,237
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	222,816	303,150	315,409	314,205	376,285	1,531,865
11 Total support. Add lines 7 through 10						313,676,006
12 Gross receipts from related activities, etc. (see instructions)					12	12,995,209
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	97.400 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	94.910 %
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. _____			
b From 2010. _____			
c From 2011. _____			
d From 2012. _____			
e From 2013. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. _____			
b From 2011. _____			
c From 2012. _____			
d From 2013. _____			
e From 2014. _____			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
ADDITIONAL INFORMATION	BEST FRIENDS ANIMAL SOCIETY CHANGED ITS FISCAL YEAR END TO SEPTEMBER 30TH BEGINNING IN 2014 AND FILED A SHORT YEAR RETURN FOR THE YEAR JANUARY 1, 2014 THROUGH SEPTEMBER 30, 2014 AS A RESULT, INFORMATION IN THE 2010 COLUMN IS FOR 2011, INFORMATION IN THE 2011 COLUMN IS FOR 2012, INFORMATION IN THE 2012 COLUMN IS FOR 2013, INFORMATION IN THE 2013 COLUMN IS FOR THE SHORT PERIOD JANUARY 1, 2014 THROUGH SEPTEMBER 30, 2014 AND THE INFORMATION IN THE 2014 COLUMN IS FOR THE FISCAL YEAR OCTOBER 1, 2014 THROUGH SEPTEMBER 30, 2015

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047
2014
Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	7,939													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	180,195													
c	Total lobbying expenditures (add lines 1a and 1b)	188,134													
d	Other exempt purpose expenditures	77,256,407													
e	Total exempt purpose expenditures (add lines 1c and 1d)	77,444,541													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	49,226	140,861	159,181	188,134	537,402
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	8,125	10,085	4,007	7,939	30,156

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Part IV **Supplemental Information** *(continued)*[illegible]

SCHEDULE D
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►
4	Number of states where property subject to conservation easement is located ►
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	11,145,637	9,121,830	6,853,383	3,698,754	2,522,756
b Contributions	9,370,546	1,755,147	1,800,869	2,822,442	1,287,155
c Net investment earnings, gains, and losses	-944,023	307,576	510,624	369,016	-83,970
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	94,600	38,916	43,046	36,829	27,187
g End of year balance	19,477,560	11,145,637	9,121,830	6,853,383	3,698,754

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 31 650 %

b Permanent endowment ▶ 66 390 %

c Temporarily restricted endowment ▶ 1 960 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	Yes	
3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,375,716		5,375,716
b Buildings		24,571,902	9,956,032	14,615,870
c Leasehold improvements				
d Equipment		7,080,181	5,094,861	1,985,320
e Other		3,732,024		3,732,024
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				25,708,930

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	106,573,471
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	15,067,025
a	Net unrealized gains (losses) on investments	2a	-2,412,931
b	Donated services and use of facilities	2b	18,653,328
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-1,173,372
e	Add lines 2a through 2d	2e	15,067,025
3	Subtract line 2e from line 1	3	91,506,446
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	0
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	91,506,446

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	96,074,606
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	18,630,065
a	Donated services and use of facilities	2a	18,653,328
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	-23,263
e	Add lines 2a through 2d	2e	18,630,065
3	Subtract line 2e from line 1	3	77,444,541
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c	0
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	77,444,541

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION INTENDS TO USE THE INCOME GENERATED FROM THE PERMANENT ENDOWMENT FOR VARIOUS PROGRAMS
PART X, LINE 2	BEST FRIENDS HAS ANALYZED ALL TAX POSITIONS FOR APPLICABLE TAX JURISDICTIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN, INCLUDING U S FEDERAL AND STATE JURISDICTIONS FOR THE YEAR ENDED SEPTEMBER 30, 2015 AND THE NINE-MONTH PERIOD ENDED SEPTEMBER 30, 2014 AND DETERMINED THERE WERE NO MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS. THE OPEN TAX YEARS SUBJECT TO SELECTION FOR EXAMINATION ARE 2012 THROUGH 2015
PART XI, LINE 2D - OTHER ADJUSTMENTS	AGENCY FUNDS -1,070,101 UNREALIZED CHANGE IN SPLIT INTEREST AGREEMENTS - 57,275 WELLNESS CENTER NET LOSS -30,658 EXPENSES INCLUDED IN REVENUE -9,338 RENT REVENUE ELIMINATION -6,000
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES INCLUDED IN INCOME -9,338 FITNESS EXPENSE ELIMINATION -13,515 MISCELLANEOUS ADJUSTMENT -410

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
ITALY - EUROPE	0	0	PROGRAM SERVICES	SUPPORT FOR CARE OF CATS	51,949
3a Sub-total	0	0			51,949
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			51,949

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ITALY - EUROPE	SUPPORT FOR CARE OF CATS - DONOR DESIGNATED GRANT	51,949	WIRE TRANSFER			BOOK

- 2
- Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶
- 0
- 3
- Enter total number of other organizations or entities ▶
- 1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☐

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☐

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☐

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☐

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☐

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☐

No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	ALL GRANT RECIPIENTS ARE RESEARCHED PRIOR TO RECEIVING FUNDS WHEN PROVIDING A LARGE GRANT , AN AGREEMENT IS SIGNED BY BOTH PARTIES AND A WRITTEN REPORT IS REQUIRED SHOWING HOW THE FUNDS WERE SPENT FOR SMALLER GRANTS, A BRIEF DESCRIPTION IS OBTAINED NOTING HOW THE FUNDS WERE SPENT

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒ Mail solicitations

e

☒ Solicitation of non-government grants

b

☒ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☒ Special fundraising events

d

☒ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NEWPORT CREATIVE COMMUNICATIONS INC 21 RAILROAD AVE DUXBURY, MA 02332	CONSULTING		No	0	397,418	-397,418
SOCIAL CAPITAL 980 N MICHIGAN AVE SUITE 1610 CHICAGO, IL 60611	CONSULTING		No	0	33,575	-33,575
BLACKBAUD INC PO BOX 930256 ATLANTA, GA 31193	CONSULTING		No	0	24,463	-24,463
STEENHUYSEN ASSOCIATES 1539 FALL RIVER AVE 3 SEEKONK, MA 02771	TRAINING		No	0	9,041	-9,041
ELEVENTY MARKETING GROUP LLC 453 S HIGH ST 101 AKRON, OH 44311	WEBSITE SUPPORT		No	0	7,403	-7,403
Total					471,900	-471,900

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less: Contributions . . .			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .			
	10	Direct expense summary: Add lines 4 through 9 in column (d) ▶			
	11	Net income summary: Subtract line 10 from line 3, column (d) ▶			
					()

Part III

Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary: Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary: Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

YesNo

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

YesNo

13

Indicate the percentage of gaming activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

YesNo

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address of the third party

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

YesNo

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 2B, COLUMN (V)	BEST FRIENDS ANIMAL SOCIETY CONTRACTS WITH NEWPORT CREATIVE COMMUNICATIONS, INC FOR FUNDRAISING CONSULTING SERVICES THESE SERVICES INCLUDE CONSULTATION ON STRATEGIC PLANNING, THE DESIGN OF DIRECT MAIL SOLICITATION MATERIALS, AND OTHER SERVICES NO AMOUNTS WERE INCLUDED IN COLUMNS (IV) OR (VI) DUE TO THE FACT THAT BEST FRIENDS ANIMAL SOCIETY DID NOT SPECIFICALLY IDENTIFY ALL THE REVENUE GENERATED BY THE FUNDRAISING SERVICES PROVIDED BY NEWPORT CREATIVE COMMUNICATIONS, INC ONLY THE AMOUNTS PAID TO NEWPORT CREATIVE COMMUNICATIONS, INC SPECIFICALLY FOR FUNDRAISING CONSULTING SERVICES WERE REPORTED IN COLUMN (V) BEST FRIENDS ANIMAL SOCIETY PAID NEWPORT CREATIVE COMMUNICATIONS, INC FOR OTHER SERVICES (E G PRINTING, POSTAGE, PRODUCTION MANAGEMENT)

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
23-7147797

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

147

3

Enter total number of other organizations listed in the line 1 table

0

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PROVIDE FOOD FOR ANIMALS	300		67,567	FMV	ANIMAL FOOD FOR INDIVIDUAS SUPPORTING OUR PROGRAMS FOR CATS, DOGS, AND HORSES
(2) PROVIDE ASSISTANCE FOR FOOD, VETERINARY EXPENSES	25	231,753			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ALL GRANT RECIPIENTS ARE RESEARCHED PRIOR TO RECEIVING FUNDS WHEN PROVIDYNG A LARGE GRANT, AN AGREEMENT IS SIGNED BY BOTH PARTIES AND A WRITTEN REPORT IS REQUIRED SHOWING HOW THE FUNDS WERE SPENT FOR SMALLER GRANTS, A BRIEF DESCRIPTION IS OBTAINED NOTING HOW THE FUNDS WERE SPENT

Additional Data

Software ID:
Software Version:
EIN: 23-7147797
Name: BEST FRIENDS ANIMAL SOCIETY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A NEW LEASH ON LIFE	34-2013011	501(C)(3)	0	89,870	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
ACTION PROGRAMS FOR ANIMALS	27-0234541	501(C)(3)	10,670	0			PROGRAM SERVICE SUPPORT
ADOPT ME RESCUE	45-5568929	501(C)(3)	23,000	0			PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ADVOCATES 4 ANIMALS INC	26-4515842	501(C)(3)	5,410	0			PROGRAM SERVICE SUPPORT
AGAPE ANIMAL RESCUE	84-1650678	501(C)(3)	10,000	0			PROGRAM SERVICE SUPPORT
ALLEGANY COUNTY ANIMAL SHELTER MGT	52-2292769	GOVERNMENT	5,000	0			PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ALLEN COUNTY SPCA	35-6042135	501(C)(3)	10,725	0			PROGRAM SERVICE SUPPORT
ALLEY CAT ADVOCATES INC	61-1343210	501(C)(3)	68,920	0			PROGRAM SERVICE SUPPORT
ANGEL CITY PIT BULLS	27-2348995	501(C)(3)	34,150	0			PROGRAM SERVICE SUPPORT

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ANGELS OF ASSISI	54-2021941	501(C)(3)	9,990	0			PROGRAM SERVICE SUPPORT
ANIMAL ANGELS	26-1989483	501(C)(3)	7,000	0			PROGRAM SERVICE SUPPORT
ANIMAL CARE & CONTROL TEAM-PA	45-3985637	501(C)(3)	15,000	0			PROGRAM SERVICE SUPPORT

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ANIMAL SERVICES AND OPERATIONS SUPPORT	45-4038013	GOVERNMENT	10,000	0			PROGRAM SERVICE SUPPORT
ANIMAL WELFARE SOC OF CAMDEN COUNTY	20-0549531	501(C)(3)	9,850	0			PROGRAM SERVICE SUPPORT
ANIMAL WELLNESS FOUNDATION	45-4361755	501(C)(3)	5,850	0			PROGRAM SERVICE SUPPORT

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ANIMALS IN NEED RESCUE NETWORK	46-5765146	501(C)(3)	13,200	0			PROGRAM SERVICE SUPPORT
ANIMEALS	20-4694132	501(C)(3)	0	109,986	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
ASHEVILLE HUMANE SOCIETY	56-1444098	501(C)(3)	15,500	72,906	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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BARC	30-0021149	501(C)(3)	16,000	0			PROGRAM SERVICE SUPPORT
BATTLE MOUNTAIN HUMANE SOCIETY	20-5814735	501(C)(3)	500	78,931	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
BENTON FRANKLIN HUMANE SOCIETY	91-0819423	501(C)(3)	0	105,536	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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BROOKHAVEN ANIMAL RESCUE LEAGUE	64-0659454	501(C)(3)	3,200	110,829	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
BROWNSVILLE SPAY NEUTER INC	27-1372694	501(C)(3)	5,000	0			PROGRAM SERVICE SUPPORT
BULLYWAG	27-0509579	501(C)(3)	0	62,126	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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CACHE HUMANE SOC-LOGAN	51-0187825	501(C)(3)	19,250	0			PROGRAM SERVICE SUPPORT
CAGE FREE K-9 RESCUE	26-1412219	501(C)(3)	7,500	0			PROGRAM SERVICE SUPPORT
CAPITAL AREA HUMANE SOCIETY	38-1601542	501(C)(3)	5,188	0			PROGRAM SERVICE SUPPORT

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CAT ADOPTION TEAM	20-0773819	501(C)(3)	16,000	0			PROGRAM SERVICE SUPPORT
CAT TOWN	27-3838132	501(C)(3)	5,000	0			PROGRAM SERVICE SUPPORT
CATOOSA CITIZENS FOR ANIMAL CARE	58-2120060	501(C)(3)	0	63,244	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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COLORADO SPRINGS ALL BREED RESCUE	84-1325815	501(C)(3)	0	89,682	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
COVENANT PET TRUST	90-0903769	501(C)(3)	0	63,819	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
DAVIS COUNTY ANIMAL SERVICES	87-6000297	GOVERNMENT	17,100	0			PROGRAM SERVICE SUPPORT

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DOGS WITHOUT BORDERS	20-5123869	501(C)(3)	47,150	0			PROGRAM SERVICE SUPPORT
DOLLY'S FOUNDATION- REA INC	27-4411340	501(C)(3)	31,000	0			PROGRAM SERVICE SUPPORT
DOWNTOWN DOG RESCUE	95-4775990	501(C)(3)	23,350	0			PROGRAM SERVICE SUPPORT

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EMPTY BOWL	01-0975325	501(C)(3)	0	33,606	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
FAYETTE COUNTY HUMANE SOCIETY	58-1592706	501(C)(3)	5,000	0			PROGRAM SERVICE SUPPORT
FDN AGAINST COMPANION ANIMAL EUTHANASIA	35-1917847	501(C)(3)	20,000	0			PROGRAM SERVICE SUPPORT

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FETCH FOUNDATION	38-3807057	501(C)(3)	0	13,159	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
FIRST COAST NMHP	01-0709158	501(C)(3)	70,000	0			PROGRAM SERVICE SUPPORT
FIXNATION INC	83-0452460	501(C)(3)	150,255	0			PROGRAM SERVICE SUPPORT

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FLAGLER HUMANE SOCIETY	59-2247034	501(C)(3)	0	65,577	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
FOREVERMEOW INC	46-1038574	501(C)(3)	6,000	0			PROGRAM SERVICE SUPPORT
FORT COLLINS CAT RESCUE & SPAYNEUTER CLINIC	20-4969731	501(C)(3)	5,500	81,080	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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FORT WAYNE ANIMAL CARE & CONTROL	35-6001029	501(C)(3)	10,000	0			PROGRAM SERVICE SUPPORT
FRIENDS OF ANIMAL CARE & CONTROL	86-1008549	501(C)(3)	10,000	0			PROGRAM SERVICE SUPPORT
FRIENDS OF ANIMAL CARE AND CONTROL PHEONIX	86-1008549	501(C)(3)	0	8,153	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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FRIENDS OF COMMUNITY CATS RESCUE	45-5290594	501(C)(3)	9,500	0			PROGRAM SERVICE SUPPORT
FRIENDS OF NORFOLK ANIMAL CARE CTR	35-2262336	501(C)(3)	10,000	0			PROGRAM SERVICE SUPPORT
GAINESVILLE PET RESCUE INC	59-3183931	501(C)(3)	11,000	0			PROGRAM SERVICE SUPPORT

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GRANT COUNTY ANIMAL SHELTER	61-6000989	GOVERNMENT	11,500	0			PROGRAM SERVICE SUPPORT
GRANT CTY FRIENDS OF THE ANIMAL SHELTER	61-1432453	501(C)(3)	5,500	0			PROGRAM SERVICE SUPPORT
HART OF UT	61-1602289	501(C)(3)	100	6,551	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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HALO ANIMAL RESCUE	86-0832160	501(C)(3)	11,000	0			PROGRAM SERVICE SUPPORT
HEALING HEARTS ANIMAL RESCUE & REFUGE	65-1259371	501(C)(3)	1,500	9,733	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HEAVEN ON EARTH SOCIETY FOR ANIMALS	77-0538189	501(C)(3)	32,250	0			PROGRAM SERVICE SUPPORT

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HOPE EQUINE RESCUE	26-2647977	501(C)(3)	5,000	0			PROGRAM SERVICE SUPPORT
HOT SPRINGS VILLAGE ANIMAL WELFARE	58-1805215	501(C)(3)	5,200	0			PROGRAM SERVICE SUPPORT
HUMANE ALLIANCE OF WNC INC	56-1856805	501(C)(3)	15,000	0			PROGRAM SERVICE SUPPORT

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HUMANE ANIMAL TREATMENT SOCIETY-MI	38-3485419	501(C)(3)	5,250	81,933	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HUMANE NETWORK	27-0487147	501(C)(3)	6,000	0			PROGRAM SERVICE SUPPORT
HUMANE OHIO	34-1897582	501(C)(3)	12,960	80,285	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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HUMANE SOCIETY OF CHARLOTTE INC	58-1342479	501(C)(3)	7,000	67,990	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF GREATER JUPITER	59-2111273	501(C)(3)	0	62,594	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF MCCORMICK CTY	57-1099596	501(C)(3)	5,850	0			PROGRAM SERVICE SUPPORT

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HUMANE SOCIETY OF SHENANDOAH COUNTY	54-1880163	501(C)(3)	0	173,135	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF SO MISSISSIPPI	64-6034439	501(C)(3)	10,000	0			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF TAMPA BAY	59-0799907	501(C)(3)	10,444	0			PROGRAM SERVICE SUPPORT

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HUMANE SOCIETY OF UTAH-MURRAY	87-0256350	501(C)(3)	17,600	0			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF VALDOSTA LOWNDES CTY	58-1874746	501(C)(3)	6,200	0			PROGRAM SERVICE SUPPORT
INCRED-A-BULL INC	45-1808866	501(C)(3)	6,750	0			PROGRAM SERVICE SUPPORT

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IRON COUNTY SHERIFF'S ANIMAL SHELTER	87-6000310	GOVERNMENT	0	14,275	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
JACKSONVILLE HUMANE SOCIETY	59-0624410	501(C)(3)	145,000	0			PROGRAM SERVICE SUPPORT
KANSAS CITY PET PROJECT	45-3067615	501(C)(3)	5,000	185,383	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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KARMA RESCUE INC	04-3782227	501(C)(3)	33,975	0			PROGRAM SERVICE SUPPORT
KENTUCKY HUMANE SOCIETY	61-0463938	501(C)(3)	53,925	0			PROGRAM SERVICE SUPPORT
KINDER4RESCUE	26-2924461	501(C)(3)	39,500	0			PROGRAM SERVICE SUPPORT

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KITSAP HUMANE SOCIETY	91-0728353	501(C)(3)	20,000	33,490	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
KITTEN RESCUE	95-4670174	501(C)(3)	37,050	0			PROGRAM SERVICE SUPPORT
KITTY BUNGALOW CHARM SCHOOL	27-1297223	501(C)(3)	53,330	0			PROGRAM SERVICE SUPPORT

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KNOX-WHITLEY HUMANE ASSOC INC	31-1648199	501(C)(3)	10,000	0			PROGRAM SERVICE SUPPORT
LIFE ANIMAL RESCUE	95-4550643	501(C)(3)	6,300	0			PROGRAM SERVICE SUPPORT
LABS & FRIENDSORG	45-3139097	501(C)(3)	49,105	0			PROGRAM SERVICE SUPPORT

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LAFAYETTE ANIMAL AID	23-7414331	501(C)(3)	1,275	69,228	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
LATINO ALLIANCE FOR ANIMAL CARE FDN	45-4722654	501(C)(3)	6,760	0			PROGRAM SERVICE SUPPORT
LEXINGTON HUMANE SOCIETY	61-0444762	501(C)(3)	25,250	0			PROGRAM SERVICE SUPPORT

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LIFELINE ANIMAL PROJECT INC	01-0599278	501(C)(3)	45,000	0			PROGRAM SERVICE SUPPORT
LUCAS COUNTY CANINE CARE	34-6400806	GOVERNMENT	7,000	0			PROGRAM SERVICE SUPPORT
LUCAS COUNTY CANINE CARE & CONTROL	34-6400806	GOVERNMENT	0	102,688	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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MASON COMPANY LLC	26-3355696	501(C)(3)	20,000	0			PROGRAM SERVICE SUPPORT
MCKINLEY COUNTY HUMANE	85-0398517	501(C)(3)	0	64,560	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
MCKINLEY COUNTY HUMANE SOCIETY	85-0398197	501(C)(3)	5,000	0			PROGRAM SERVICE SUPPORT

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MIDVALLEY ANIMAL CLINIC	87-0637500	501(C)(3)	18,620	0			PROGRAM SERVICE SUPPORT
MILWAUKEE AREA ANIMAL CONTROL COMM	39-1947192	501(C)(3)	45,000	0			PROGRAM SERVICE SUPPORT
MUCH LOVE ANIMAL RESCUE	95-4765624	501(C)(3)	6,200	0			PROGRAM SERVICE SUPPORT

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NO KILL LOUISVILLE	27-2368180	501(C)(3)	0	112,378	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
NORTHWEST SPAY & NEUTER CENTER	91-2133291	501(C)(3)	5,398	0			PROGRAM SERVICE SUPPORT
OHIO ALLEYCAT RESOURCE & CLINIC	31-1728182	501(C)(3)	10,000	0			PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE MORE CHANCE RESCUE	20-3588471	501(C)(3)	0	11,210	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
OREGON HUMANE SOCIETY	93-0386880	501(C)(3)	0	76,703	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
OUTCAST CAT HELP	26-0881693	501(C)(3)	5,000	0			PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACC911	20-5153613	501(C)(3)	700	10,870	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PAGE ANIMAL ADOPTION AGENCY	26-1708518	501(C)(3)	0	26,966	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PAWS FOR LIFE UT	45-5358361	501(C)(3)	0	22,341	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEGGY ADAMS ANIMAL RESCUE LEAGUE	59-0637811	501(C)(3)	50,000	150,463	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PET ADOPTION & WELFARE SOCIETY-GA	54-2128299	501(C)(3)	5,000	0			PROGRAM SERVICE SUPPORT
PET ALLIES	86-0829565	501(C)(3)	0	132,631	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PET COMMUNITY CENTER	45-1524886	501(C)(3)	5,500	0			PROGRAM SERVICE SUPPORT
PETER ZIPPI FUND	33-0042687	501(C)(3)	24,400	0			PROGRAM SERVICE SUPPORT
PIMA ANIMAL CARE CENTER	86-6000543	GOVERNMENT	0	14,209	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIT SISTERS INC	32-0355003	501(C)(3)	8,000	0			PROGRAM SERVICE SUPPORT
REDLANDS ANIMAL SHELTER	95-6000766	GOVERNMENT	0	76,447	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
RESCUED PETS MOVEMENT INC	46-3708327	501(C)(3)	11,050	0			PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN ANTONIO PETS ALIVE LLC	45-4141531	501(C)(3)	400,000	0			PROGRAM SERVICE SUPPORT
SANCTUARY ONE	20-8982518	501(C)(3)	0	77,662	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
SANILAC COUNTY HUMANE SOCIETY	38-3322837	501(C)(3)	5,000	0			PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA FE ANIMAL SHELTER INC	85-6000484	GOVERNMENT	0	6,592	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
SAVING SUNNY INC	35-2379448	501(C)(3)	34,037	0			PROGRAM SERVICE SUPPORT
SCOTT COUNTY HUMANE SOCIETY	31-1090052	501(C)(3)	10,000	0			PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND CHANCE FOR HOMELESS PETS	87-0672107	501(C)(3)	5,600	0			PROGRAM SERVICE SUPPORT
SOMERSET-PULASKI COUNTY HUMANE SOC	61-1165562	501(C)(3)	20,020	0			PROGRAM SERVICE SUPPORT
SOUL DOG RESCUE	45-4137227	501(C)(3)	4,000	125,529	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH DAKOTA WEST RIVER SN COALITION	20-4004963	501(C)(3)	6,247	0			PROGRAM SERVICE SUPPORT
SOUTH UTAH VALLEY ANIMAL SERVICES	72-1604129	GOVERNMENT	7,668	0			PROGRAM SERVICE SUPPORT
SOUTHERN FRIENDS ANIMAL SOCIETY	45-5164707	501(C)(3)	300	165,962	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPAY & NEUTER KANSAS CITY	82-0563117	501(C)(3)	1,000	106,088	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
SPAY BATON ROUGE	20-1992244	501(C)(3)	10,000	0			PROGRAM SERVICE SUPPORT
SPAY NEUTER NETWORK	20-0276988	501(C)(3)	17,500	0			PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPAY NEUTER PROJECT OF LA	20-8542566	501(C)(3)	72,500	0			PROGRAM SERVICE SUPPORT
SPAY4LA INC	45-2996980	501(C)(3)	63,750	0			PROGRAM SERVICE SUPPORT
SPCA OF FRANKLIN COUNTY	65-1174780	501(C)(3)	0	63,757	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRAY CAT ALLIANCE	95-4787231	501(C)(3)	330,550	0			PROGRAM SERVICE SUPPORT
STRAY RESCUE OF ST LOUIS	43-1823801	501(C)(3)	0	89,457	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
SUMNER SPAY NEUTER ALLIANCE	46-4175450	501(C)(3)	9,547	0			PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SYMPHONY ANIMAL FOUNDATION	20-8967065	501(C)(3)	0	12,521	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
TAXPAYERS ASSOC OF KANE COUNTY	71-1016732	501(C)(3)	16,100	0			PROGRAM RESEARCH
THE ANIMAL FOUNDATION	88-0144253	501(C)(3)	37,500	0			PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIP ME FREDERICK INC	46-2362602	501(C)(3)	10,000	0			PROGRAM SERVICE SUPPORT
TUBA CITY HUMANE	86-0715785	501(C)(3)	0	15,749	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
VISIONARIES	04-3282172	501(C)(3)	7,016	0			PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICELESS-MI	27-0725920	501(C)(3)	8,100	0			PROGRAM SERVICE SUPPORT
WAGS AND WALKS	45-3749303	501(C)(3)	51,775	0			PROGRAM SERVICE SUPPORT
WE CARE FOR ANIMALS	88-0362454	501(C)(3)	0	8,077	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VALLEY ANIMAL SHELTER	87-0362454	GOVERNMENT	9,495	0			PROGRAM SERVICE SUPPORT
WHISPERING RISE FARM & SANCTUARY INC	27-3775715	501(C)(3)	5,400	0			PROGRAM SERVICE SUPPORT
ZIGGY AND FRIENDS CAT RESCUE	46-3128166	501(C)(3)	9,150	0			PROGRAM SERVICE SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div>	1b Yes	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2 Yes	
<div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a Yes	
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div></div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	7	No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GREGORY CASTLE, CEO, BOARD MEMBER	(i)	194,992	7,436	0	7,000	5,141	214,569	0
	(ii)	0	0	0	0	0	0	0
2 PAUL ALTHERR, CPO	(i)	174,331	6,650	0	2,619	0	183,600	0
	(ii)	0	0	0	0	0	0	0
3 VIRGINIA KILMER, CFO	(i)	154,160	50,000	26,000	0	5,141	235,301	0
	(ii)	0	0	0	0	0	0	0
4 JULIANNE CASTLE, CMO	(i)	160,327	6,154	0	7,000	5,412	178,893	0
	(ii)	0	0	0	0	0	0	0
5 ANGELA L EMBREE, CIO	(i)	158,374	2,820	0	0	4,059	165,253	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	FIRST-CLASS OR CHARTER TRAVEL PART I, LINE 1A BEST FRIENDS ANIMAL SOCIETY OWNS TWO SMALL, PISTON ENGINE-POWERED AIRCRAFT THAT ARE USED FOR ANIMAL TRANSPORT AND BY EMPLOYEES WHO OCCASIONALLY TRAVEL FOR WORK-RELATED PURPOSES. THE AIRCRAFT ARE FLOWN BY BEST FRIENDS' EMPLOYEES. BEST FRIENDS DOES NOT EMPLOY A FULL TIME PILOT. THE AIRCRAFT ARE NOT USED FOR ANY OTHER PURPOSE AND ARE NOT AVAILABLE FOR HIRE BY THE GENERAL PUBLIC.
PART I, LINE 3	THE BOARD REVIEWED AND APPROVED THE COMPENSATION OF THE CEO AFTER CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING COMPENSATION AMOUNTS OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS.
PART I, LINE 4A	VIRGINIA KILMER RECEIVED \$25,000 IN SEVERANCE UPON HER LEAVING BEST FRIENDS ANIMAL SOCIETY.

Schedule L
(Form 990 or 990-EZ)

Department of the
Treasury
Internal Revenue
Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II
Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total	▶ \$		
-------	------	--	--

Part III Grants or Assistance Benefiting Interested Persons.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JULIANNE CASTLE	SPOUSE BD MEMBER CASTLE	176,103	EMPLOYEE COMPENSATION FOR THE FISCAL YEAR ENDING 9/30/2015		No
(2) SILVA BATTISTA	SPOUSE BD MEMBER BATTISTA	77,882	EMPLOYEE COMPENSATION		No
(3) JUDAH BATTISTA	SON BD MEMBER BATTISTA	105,007	EMPLOYEE COMPENSATION		No
(4) CARRAGH MALONEY	DAUGHTER BD MEMBER CASTLE	83,165	EMPLOYEE COMPENSATION		No
(5) LYNN BATTISTA	DAUGH-IN-LAW BD MEMBER BATTISTA	32,580	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	27	28,272	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	66	679,472	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1,668	4,330,142	FMV
20 Drugs and medical supplies	X	220	7,070	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (ANIMAL AND CLEANING SUPPLIES)	X	9,173	341,269	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF DONATIONS, NOT THE NUMBER OF ITEMS
PART I, LINE 32B	BEST FRIENDS ANIMAL SOCIETY UTILIZES THE SERVICES OF AN AUTOMOBILE BROKER TO SELL DONATED VEHICLES

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2014****Open to Public
Inspection**Name of the organization
BEST FRIENDS ANIMAL SOCIETY**Employer identification number**

23-7147797

Return Reference**Explanation**

FORM 990, PART VI, SECTION A, LINE 2

ANNE MEJIA, SECRETARY AND CYRUS MEJIA, BOARD MEMBER, ARE HUSBAND AND WIFE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PREPARED BY TANNER LLC AND REVIEWED BY THE CONTROLLER, THE CHIEF FINANCIAL OFFICER, THE CHAIRMAN OF THE BOARD, AND THE CHAIRMAN OF THE FINANCE COMMITTEE THE RETURN IS THEN DISTRIBUTED TO THE WHOLE BOARD FOR FINAL REVIEW BEFORE BEING FILED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	UPON BEING APPOINTED, ALL BOARD MEMBERS, OFFICIERS, AND STAFF ARE REQUIRED TO SIGN AN AGREEMENT THAT ACKNOWLEDGES ACCEPTANCE OF BEST FRIENDS' CONFLICT OF INTEREST POLICY THIS POLICY APPLIES TO ALL BOARD MEMBERS, DIRECTORS, COMMITTEE MEMBERS AND STAFF OF BEST FRIENDS ANIMAL SOCIETY THIS POLICY REQUIRES THAT ALL AFFILIATIONS WITH ENTITIES IN WHICH A FINANCIAL INTEREST IS HELD BE DISCLOSED TO THE BOARD THE SENIOR FINANCIAL MANAGEMENT OF BEST FRIENDS, INCLUDING THE CFO AND CONTROLLER,ROUTINELY MONITOR ALL TRANSACTIONS TO ENSURE THAT ANY RELATED PARTY TRANSACTIONS ARE FULLY DISCLOSED TO THE BOARD AT LEAST ANNUALLY AND IN THE FINANCIAL STATEMENTS TO ENSURE THAT THE TRANSACTIONS COMPLY WITH POLICY THIS POLICY IS CURRENTLY UNDER REVIEW BY THE BOARD TO PROVIDE GREATER STRUCTURE, INCLUDING REQUIRING MORE FREQUENT SIGN-OFF ON POLICY ,MORE REPORTING, AND RESTRICTIONS ON PARTICIPATION BY RELEVANT BOARD AND STAFF IN THE DEALING WITH THE CONFLICT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD REVIEWED AND APPROVED THE COMPENSATION OF THE CEO AFTER CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING COMPENSATION AMOUNTS OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS THE CHIEF EXECUTIVE OFFICER DETERMINES THE COMPENSATION OF THE CFO, CPO, CMO AND THE CDO AFTER CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING COMPENSATION AMOUNTS OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS THE CEO REVIEWS THOSE SALARIES WITH THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF THE FORM 990, FORM 990-T, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON THE BEST FRIENDS' WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST, SUBJECT TO APPROVAL OF SENIOR MANAGEMENT.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	A GENCY FUNDS DESIGNATED FOR OTHER ORGANIZATIONS -1,070,101 UNREALIZED CHANGE IN SPLIT INTEREST A GREETMENT -57,275 WELLNESS CENTER NET LOSS -30,658 ELIMINATION OF RENTAL INCOME -6,000 ELIMINATION OF FITNESS EXPENSES 13,515 MISCELLANEOUS ADJUSTMENT 410

Return Reference	Explanation
990 PART XII LINE 2C	THERE HAS BEEN NO CHANGE IN THE OVERSIGHT OF THE EXTERNAL AUDIT OR THE FINANCIAL STATEMENTS

Return Reference	Explanation
990 PART III LINE 4A 4B	<p>NATURE OF ACTIVITIES BEST FRIENDS ANIMAL SOCIETY (BEST FRIENDS) IS A NONPROFIT ORGANIZATION THAT DEVELOPS NO-KILL PROGRAMS AND PARTNERSHIPS WHICH WILL BRING ABOUT A DAY WHEN THERE ARE NO MORE HOMELESS PETS. BEST FRIENDS' LEADING INITIATIVES IN ANIMAL CARE AND COMMUNITY PROGRAMS ARE COORDINATED FROM ITS KANAB, UTAH, HEADQUARTERS, ONE OF THE COUNTRY'S LARGEST NO-KILL SANCTUARIES. BEST FRIENDS DEVELOPS AND REFINES MODEL PROGRAMS THAT ARE SHARED WITH OTHER ORGANIZATIONS AND PEOPLE, SO THAT MORE ANIMALS CAN BE SAVED. THIS WORK IS MADE POSSIBLE BY THE PERSONAL AND FINANCIAL SUPPORT OF A GRASSROOTS NETWORK OF MEMBERS AND COMMUNITY PARTNERS ACROSS THE NATION.</p>

Return Reference	Explanation
990 PART III LINE 4A 4B	<p>ANIMAL CARE ACTIVIES AT THE HEART OF BEST FRIENDS ANIMAL SOCIETY'S WORK LIES BEST FRIENDS ANIMAL SANCTUARY - THE COUNTRY'S LARGEST NO-KILL SANCTUARY FOR COMPANION ANIMALS NESTLED IN THE MAJESTIC RED ROCK CANYONS OF SOUTHERN UTAH. FOUNDED IN 1984, THE SANCTUARY WAS CREATED ON ONE SIMPLE BELIEF THAT EVERY ANIMAL DESERVES LOVE, RESPECT AND A SECOND CHANCE. SINCE THEN, THOUSANDS UPON THOUSANDS OF ANIMALS WHO HAVE SOUGHT REFUGE HERE HAVE RECEIVED EXACTLY THAT. TODAY, ON ANY GIVEN DAY, SOME 1,700 DOGS, CATS, BUNNIES, BIRDS, HORSES AND OTHER BARNYARD ANIMALS CALL THE SANCTUARY THEIR HOME-BETWEEN-HOMES, EACH ONE RECEIVING ALL THE AFFECTION AND CARE NEEDED TO HEAL, BOTH PHYSICALLY AND EMOTIONALLY. BEST FRIENDS IS COMMITTED TO FINDING EVERY ANIMAL AT THE SANCTUARY HIS OR HER PERFECT FOREVER HOME. BUT EVEN IF THAT RIGHT HOME NEVER COMES ALONG, THE ANIMALS ARE WELCOME TO CALL THE SANCTUARY HOME FOR THE REST OF THEIR LIVES. AT THE SANCTUARY IN FISCAL YEAR 2015 - 1,340 ANIMALS WERE WELCOMED - 1,436 ANIMALS FOUND LOVING FOREVER HOMES - 29% HAD SPECIAL NEEDS - WILD FRIENDS, BEST FRIENDS' UNIQUE STATE AND FEDERALLY LICENSED WILDLIFE REHABILITATION AND EDUCATION CENTER, SUCCESSFULLY REHABILITATED 246 INJURED WILD ANIMALS AND 116 WERE RELEASED BACK TO THEIR NATURAL HABITATS AFTER FULL RECOVERY. FOR THOSE ANIMALS TOO INJURED OR ACCLIMATED TO PEOPLE TO GO BACK INTO THE WILD, THEY GET A LIFETIME OF CARE AND BECOME TREASURED TEACHERS, EDUCATING VISITORS AND VOLUNTEERS ABOUT WILDLIFE AND CONSERVATION ISSUES - NEARLY 30,000 PEOPLE VISITED, AND 8,922 PEOPLE VOLUNTEERED 104,846 HOURS TO HELP THE ANIMALS - ANIMAL CARE FACILITIES WERE BUILT OR RENOVATED TO MAKE BEST FRIENDS' CARE EVEN BETTER - THE NEW DOG ADMISSIONS FACILITY WAS COMPLETED IN SEPTEMBER. THE BUILDING FEATURES MORE NATURAL LIGHT, EXTRA SPACE AND EASY ACCESS TO THE OUTDOORS, ENSURING EVERY DOG, REGARDLESS OF HIS OR HER SPECIAL NEED, A STRESS-FREE TRANSITION TO LIVING AT BEST FRIENDS - IN MAY, BEST FRIENDS COMPLETED THE CONSTRUCTION OF A BRAND NEW WILD FRIENDS ISOLATION FACILITY. THE ISOLATION ROOMS ENSURE ALL THE ANIMALS A SAFE, QUIET PLACE TO HEAL UNDER THE CARE OF STATE AND FEDERALLY LICENSED WILDLIFE REHABILITATORS. THE BUILDING ALSO SAFEGUARDS THE ANIMALS' HEALTH AND HAPPINESS BY PREVENTING THE SPREAD OF CONTAGIOUS DISEASES - BEST FRIENDS OPENED THE NEW BEST FRIENDS VISITOR CENTER, LOCATED JUST FIVE MILES SOUTH OF THE SANCTUARY IN THE HEART OF KANAB. AT THE VISITOR CENTER, KANAB VISITORS, TOURISTS, AND PEOPLE JUST PASSING THROUGH CAN GET ACQUAINTED WITH BEST FRIENDS ANIMAL SOCIETY AND LEARN MORE ABOUT THE SANCTUARY AND THE ANIMALS. SINCE OPENING ITS DOORS ON AUGUST 20, MORE THAN 4,000 PEOPLE HAVE STOPPED IN THE VISITOR CENTER - AT THE BEST FRIENDS ANIMAL CLINIC, A FABULOUS DONOR PARK WAS CREATED IN HONOR OF ALL THE WONDERFUL FOLKS WHO HELPED MAKE THE NEW STATE-OF-THE-ART CLINIC A REALITY. THE 1,870 SQUARE-FOOT PARK, COMPLETE WITH TWO PAVILIONS, MIMICS THE CLINIC'S BEAUTY AND CREATES A RELAXING SPACE WHERE EVERYONE, INCLUDING THE ANIMALS, CAN FIND A LITTLE PEACE AND TRANQUILITY - MORE THAN 2,000 FEET OF PVC PIPE WAS INSTALLED ALONG THE UPPER CANYON, CREATING A WATER MAIN TO THE BEST FRIENDS ANIMAL CLINIC - BEST FRIENDS ANIMAL CLINIC HAD ANOTHER BUSY YEAR - SPAY/NEUTER PROCEDURES 4,210 (INCLUDES 579 FOR THE PUBLIC) - DENTALS 374 (10 PUBLIC) - OTHER MISCELLANEOUS SURGERIES 556 (47 PUBLIC) - AFTER-HOURS EMERGENCIES 126 (21 PUBLIC)</p>

Return Reference	Explanation	
990 PART III LINE 4B		<p>INITIATIVES, PROGRAM CITIES, EMERGENCY RESPONSE, NETWORK PARTNERS, AND OTHER NATIONAL OUTREACH WHEN BEST FRIENDS WAS FIRST FOUNDED, AROUND 17 MILLION DOGS AND CATS WERE BEING KILLED IN AMERICA'S SHELTERS EVERY YEAR, SIMPLY BECAUSE THEY DIDN'T HAVE HOMES TOGETHER, WE HAVE REDUCED THAT NUMBER TO AN ESTIMATED FOUR MILLION. THAT'S TREMENDOUS PROGRESS, BUT WE WON'T STOP UNTIL, TOGETHER, WE SAVE THEM ALL THROUGH LIFESAVING PROGRAMS, SPECIAL EVENTS, TARGETED INITIATIVES, LEGISLATIVE EFFORTS, AND A NETWORK OF VALUABLE PARTNERSHIPS WITH OVER 1,400 ANIMAL WELFARE ORGANIZATIONS, BEST FRIENDS IS WORKING TO END THE KILLING OF DOGS AND CATS IN SHELTERS FOR GOOD. FISCAL YEAR 2015 HIGHLIGHTS INCLUDE PIT BULL INITIATIVES - PIT-BULL-TERRIER-LIKE DOGS BECAME MUCH SAFER IN RHODE ISLAND AFTER LEGISLATION WAS PASSED THAT ALLOWS DOGS WHO ARE VICTIMS OF CRUEL DOG-FIGHTING RINGS TO BE EVALUATED AND ADOPTED INSTEAD OF AUTOMATICALLY DEEMED DANGEROUS. THE NEW BILL CAME INTO LAW BECAUSE OF OUR ADVOCACY EFFORTS, BUT ALSO BECAUSE SINCE 2008, BEST FRIENDS AND THE VICTORY DOGS - 22 OF THE MOST TRAUMATIZED DOGS RESCUED FROM THE PROPERTY OF NFL QUARTERBACK MICHAEL VICK, WHO RECEIVED LOVE AND TRAINING AT THE SANCTUARY - HAVE EDUCATED THE PUBLIC AND SHOWN THEM THAT EVERY DOG, NO MATTER BREED OR PAST, CAN BE A WONDERFUL, LOVING PET - WITH THE HELP OF BEST FRIENDS' LEGISLATIVE EFFORTS AND OUR EDUCATION AND OUTREACH PROGRAMS, BREED DISCRIMINATORY LEGISLATION WAS DEFEATED IN 20 CITIES AND ONE COUNTY. TODAY, A TOTAL OF 19 (AND COUNTING) STATES HAVE PROVISIONS AGAINST BREED DISCRIMINATION LEGISLATION - OVER 160,400 EMAILS RELATED TO OUR PIT BULL INITIATIVES WERE SENT BY CARING PEOPLE THROUGH OUR LEGISLATIVE ACTION CENTER, AND SINCE OUR PIT BULL INITIATIVES BEGAN IN 2009, NEARLY 1.8 MILLION PIT-BULL-TERRIER-LIKE DOGS HAVE BEEN POSITIVELY IMPACTED BY BEST FRIENDS' PUPPY MILL INITIATIVES - BEST FRIENDS CONTINUES ITS WORK TO PUT AN END TO PUPPY MILLS BY FOCUSING ON THE SOURCE OF THE PROBLEM: RETAIL STORES THAT SELL MILL-BRED PETS. WE SPEARHEAD ORDINANCES AND ENCOURAGE PET STORES TO OFFER ANIMALS FOR ADOPTION RATHER THAN SELL MILL-BRED PETS, AND WE WORK TO EDUCATE THE PUBLIC ABOUT THE CONDITIONS IN WHICH MILL-BRED PETS LIVE, URGING THEM TO ADOPT INSTEAD OF BUY THEIR NEW BEST FRIENDS. AS A RESULT OF THESE EFFORTS, 41 NEW COMMUNITIES BANNED THE SALE OF MILL-BRED PETS IN RETAIL STORES, BRINGING THE TOTAL NUMBER OF COMMUNITIES IN THE U.S. AND CANADA TO 114 - MORE THAN 12,300 EMAILS FROM CONCERNED CONSTITUENTS WERE SENT TO LEGISLATORS THROUGH BEST FRIENDS' LEGISLATIVE ACTION CENTER, URGING THEM TO REGULATE COMMERCIAL BREEDING, AND SHOWING THEM THAT INHUMANE TREATMENT OF DOGS IN PUPPY MILLS CONTINUES TO BE A PROBLEM THAT PEOPLE LIKE YOU DEEPLY CARE ABOUT - AS PART OF BEST FRIENDS' PUPPY RIDE PROGRAM, 2,671 PETS WERE DELIVERED TO SAFETY - MANY OF THEM PUREBRED WHO MAY HAVE BEEN BORN IN PUPPY MILLS. THEY WERE GIVEN A LIFT TO PARTNERING SHELTERS AND RESCUE GROUPS IN OTHER PARTS OF THE COUNTRY WHERE SMALL DOGS ARE IN HIGH DEMAND. CAT INITIATIVES - BEST FRIENDS, IN COLLABORATION WITH PETSMART CHARITIES, RUNS LIFESAVING COMMUNITY CATS PROJECTS IN MULTIPLE CITIES ACROSS THE COUNTRY. THE PROJECTS WORK TO SAVE THE LIVES OF COMMUNITY CATS (OR STRAY AND FREE-ROAMING CATS) THROUGH TRAP-NEUTER-RETURN (TNR), WHERE CATS ARE SPAYED OR NEUTERED, VACCINATED AND RETURNED TO THEIR OUTDOOR HOMES. OUR TNR PROGRAMS ARE CRUCIAL FOR SAVING CATS' LIVES BECAUSE CATS, ESPECIALLY COMMUNITY CATS, ARE THE MOST AT-RISK PETS IN SHELTERS. THE PROGRAMS ARE NOW IN ALBUQUERQUE, NEW MEXICO, BALTIMORE, MARYLAND, COLUMBUS, GEORGIA, PHILADELPHIA, PENNSYLVANIA, PIMA COUNTY, ARIZONA, AND SAN ANTONIO, TEXAS - WITH THE HELP OF BEST FRIENDS' TNR AND OUTREACH PROGRAMS, AS WELL AS OUR ADVOCACY WORK, SENATE BILL 1260 SUCCESSFULLY PASSED IN ARIZONA. THE BILL ENSURES THAT COMMUNITY CATS WILL NOT BE HELD IN SHELTERS, WHERE THEY'RE IN DANGER OF BEING KILLED. INSTEAD, THEY WILL BE STERILIZED, VACCINATED AND RETURNED TO THEIR OUTDOOR COMMUNITIES. BECAUSE OF THIS BILL AND OTHER LIFESAVING MEASURES, THE SAVE RATE FOR CATS IN PIMA COUNTY INCREASED TO 91 PERCENT - UP FROM 76 PERCENT IN 2014 - 50,490 COMMUNITY CATS WERE HELPED BY BEST FRIENDS' COMMUNITY CAT PROGRAMS AND CONTINUED PARTNERSHIPS WITH HUMANE, EFFECTIVE TNR PROGRAMS ACROSS THE NATION. AND MORE THAN 25,600 EMAILS WERE SENT BY COMPASSIONATE INDIVIDUALS THROUGH BEST FRIENDS' LEGISLATIVE ACTION CENTER ON BEHALF OF THE LIVES OF COMMUNITY CATS. PROGRAM CITIES, NETWORK PARTNERS AND OTHER NATIONAL OUTREACH - BEST FRIENDS' NKUT (NO-KILL UTAH) INITIATIVE - WHICH BRINGS TOGETHER MUNICIPAL SHELTERS, ANIMAL WELFARE ORGANIZATIONS AND DEDICATED INDIVIDUALS TO END THE KILLING OF PETS IN UTAH'S SHELTERS BY 2019 - IS GAINING MORE MOMENTUM THAN EVER. IN 2015, THE NUMBER OF DOGS AND CATS DYING IN UTAH SHELTERS DECREASED BY AN AMAZING 33 PERCENT. THAT MEANS ABOUT 4,200 FEWER PETS DIED IN UTAH SHELTERS THAN IN 2014, AND UTAH'S SAVE RATE HAS RISEN TO 84.2 PERCENT.</p>

Return Reference	Explanation	
990 PART III LINE 4B		<p>(90 PERCENT IS CONSIDERED NO-KILL) - AT THE BEST FRIENDS PET ADOPTION CENTER IN SALT LAKE CITY, WHICH SHOWCASES PETS FROM BEST FRIENDS, AS WELL AS THOSE FROM OUR SHELTER PARTNERS, 1,804 LUCKY DOGS AND CATS FOUND LOVING HOMES AND AT THE BEST FRIENDS KITTEN NURSERY IN SALT LAKE CITY, MORE THAN 1,100 FRAGILE NEWBORN KITTENS WERE SAVED - THE BEST FRIENDS SPAY /NEUTER CLINIC IN OREM, JUST SOUTH OF SALT LAKE CITY, SPAYED OR NEUTERED 11,449 PETS - MORE THAN 2,000 SURGERIES OVER OUR GOAL AND WITH FUNDING PROVIDED BY PETSMART CHARITIES, A NEW BEST FRIENDS SPAY/NEUTER CLINIC WILL SOON OPEN IN OGDEN, UTAH THE CLINICS, WHICH OFFER FREE AND LOW-COST SPAY/NEUTER TO THOSE WHO NEED IT MOST, ARE HELPING FEWER PETS ENTER UTAH SHELTERS, MAKING THEM ONE OF THE KEYS TO TURNING UTAH NO-KILL - A FEW YEARS BEFORE THE LAUNCH OF NKUT IN 2014, BEST FRIENDS' NKLA (NO-KILL LOS ANGELES) INITIATIVE WAS ALREADY IN FULL SWING LED BY BEST FRIENDS, THE INITIATIVE BRINGS TOGETHER APPROXIMATELY 100 NKLA COALITION PARTNERS, CITY SHELTERS AND THOUSANDS OF INDIVIDUALS TO MAKE L A NO-KILL BY THE END OF 2017 IN 2015, THE SAVE RATE AT L A CITY SHELTERS RAISED TO AN AMAZING 75.8 PERCENT - UP FROM 69.13 PERCENT IN 2013 WE ARE WELL ON OUR WAY TO NO-KILL IN L A - THE NKLA PET ADOPTION CENTER - L A 'S CHICEST ADOPTION CENTER THAT SHOWCASES PETS FROM OUR NKLA COALITION PARTNERS - FOUND HOMES FOR NEARLY 2,500 DOGS AND CATS - THE BEST FRIENDS PET ADOPTION AND SPAY/NEUTER CENTER IN LOS ANGELES PULLED 5,850 PETS FROM L A ANIMAL SERVICE FACILITIES, FOUND HOMES FOR NEARLY 4,700 PETS, AND SPAYED OR NEUTERED NEARLY 6,500 PETS AND IN THE CENTER'S KITTEN NURSERY, OVER 1,800 KITTENS, WERE SAVED - WHICH IS ESPECIALLY IMPORTANT SINCE, IN L A, KITTENS ARE THE MOST AT-RISK PETS IN SHELTERS - BECAUSE NEWBORN KITTENS TRAGICALLY MAKE UP THE MAJORITY OF ALL ANIMALS KILLED IN LOS ANGELES CITY SHELTERS, IN JULY, BEST FRIENDS RAN AN URGENT THREE-WEEK DIGITAL FUNDRAISING CAMPAIGN FOR THE KITTENS BUT THE EMAILS WERE NOT JUST SENT TO MEMBERS IN L A - THEY WERE SENT NATIONWIDE THE CAMPAIGN BECAME THE SINGLE LARGEST DIGITAL CAMPAIGN IN BEST FRIENDS HISTORY, MAKING 62 MILLION IMPRESSIONS AND RAISING \$291,000 TO SAVE THOUSANDS OF NEWBORN KITTENS - FOR YEARS, BEST FRIENDS HAS BEEN WORKING IN NEW YORK CITY TO SAVE THE LIVES OF PETS IN CITY SHELTERS THROUGH ADOPTION AND FUNDRAISING EVENTS, AS WELL AS A FOSTER PROGRAM IN PARTNERSHIP WITH ANIMAL CARE & CONTROL OF NYC, BEST FRIENDS DIRECTLY HELPED NEARLY 900 DOGS AND CATS IN 2015, AND PULLED 400 PETS FROM THE CITY'S SHELTERS WHO WERE IN DANGER OF BEING KILLED - ALSO IN NEW YORK CITY, BEST FRIENDS ANNOUNCED PLANS TO OPEN A NEW PET ADOPTION CENTER IN DOWNTOWN MANHATTAN IN A TRENDY SOHO LOCATION IN 2016 THE CENTER WILL SHOWCASE PETS FROM NEW YORK SHELTERS AND ENCOURAGE MORE PEOPLE IN THE AREA TO ADOPT INSTEAD OF BUY THEIR NEW BEST FRIENDS - BEST FRIENDS' SUPER ADOPTION EVENTS ARE STILL THE LARGEST ADOPTION EVENTS IN THE COUNTRY TAKING PLACE TWICE A YEAR IN NEW YORK CITY, LOS ANGELES AND SALT LAKE CITY, THE EVENTS BRING TOGETHER RESCUE GROUPS AND SHELTERS, ALONG WITH THOUSANDS OF ADOPTERS, TO FIND HOMES FOR AS MANY PETS AS POSSIBLE IN 2015, 2,355 PETS FOUND HOMES AT THE EVENTS - BEST FRIENDS' STRUT YOUR MUTT - A NATIONAL FUNDRAISER THAT HELPS RAISE MONEY FOR HUNDREDS OF ANIMAL WELFARE GROUPS (AND THE ANIMALS) - NOW TAKES PLACE IN 12 CITIES ACROSS THE COUNTRY IN 2015, STRUT YOUR MUTT RAISED MORE THAN \$1.4 MILLION FOR 284 PARTICIPATING BEST FRIENDS PARTNERS - BEST FRIENDS' NO MORE HOMELESS PETS NETWORK - A NETWORK OF ANIMAL WELFARE GROUPS COMMITTED TO SAVING THE LIVES OF HOMELESS PETS THROUGH EFFECTIVE ADOPTION AND SPAY/NEUTER PROGRAMS - NOW HAS MORE THAN 1,400 PARTNERS IN ALL 50 STATES IN 2015, NETWORK PARTNERS RECEIVED MORE THAN \$1.6 MILLION IN GRANTS FROM BEST FRIENDS, ENABLING THEM TO SAVE AS MANY HOMELESS PETS AS POSSIBLE</p>

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BEST FRIENDS PRODUCTIONS LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-2566720	PARTICIPATE IN JOINT VENTURE TO PRODUCE A FILM	UT	0	400,000	BEST FRIENDS ANIMAL SOCIETY
(2) 1089 WYCKOFF LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 81-0717002	HOLD LEASE ON BUILDING IN NEW YORK, NY	UT	0	0	BEST FRIENDS ANIMAL SOCIETY
(3) 307 WEST BROADWAY LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-4201980	HOLD LEASE ON BUILDING IN MANHATTAN, NY	UT	0	112,571	BEST FRIENDS ANIMAL SOCIETY
(4) CHUFF LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-4259736	PURCHASE PROPERTY IN KANAB, UT	UT	0	93,350	BEST FRIENDS ANIMAL SOCIETY

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						YesNo

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) BEST FRIENDS WELLNESS CENTER INC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-3149724	OPERATE FITNESS CENTER	UT	BEST FRIENDS ANIMAL SOCIETY	C	-23,144	7,381	100 000 %		No

Part V

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

Yes

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BEST FRIENDS WELLNESS CENTER INC	A	6,000	ARM'S LENGTH ESTIMATE OF RENT

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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